

## STATE OF NEW HAMPSHIRE

## 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

## PLEASE PRINT

I. Name of Lobbyist(s) Michael P	. Donnelly	· · · · · · · · · · · · · · · · · · ·	<u>.</u>
II. Name of lobbyist's partnership, fi	rm or corporation, if an	y:	
Home School Legal Defe	ense Association (HS	SLDA)	
(Name of partnership, f	irm or corporation)		
P.O. Box 3000	Purcellville	VA	20132
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(540 )338-5600	( )	e-mail_mike@hsl	da.org
(Telephone)	(Fax)		
IIIThis_statement_covers: (Choose o reportable expense transactions which			y_file-a-separate report-for
All reportable transactions occurring	g in the months prior to tl	he reporting date relative to the	following client:
Home School Legal Defe	ense Association (F	ISLDA)	•
·	ient as it appears on the Lob	byist Registration Form)	
OR All reportable transactions by the lo unrelated to any particular client.	bbyist (including the lobb	oyist's family), or the lobbying	firm listed below which are
IV. Date of Report April 25, 2018 Reports cover: activity from date of re		July 25, 2018 activity from 4/1/18 to 6/30/18	
October 31, 20 activity from 7/1/1		January 30, 2019 activity from 10/1/18 to 12/31/1	18
V. There have been no fees receively of this box is checked, complete just this Concord, NH 03301.			
VI. Check if additional reports are a	ttached:		
If you have received fees or made		le Addendum A- Fees and Ex	penses
If you have paid an honorarium or Expense Reimbursement			
If you, your firm, or your family ha	as made political contribu	tions, you must file <b>Addendu</b> n	n C- Political Contributions
Sworn Statement/Affirmation by Lol I have read RSA 15, RSA 15-B, RSA 1 and complete to the best of my knowled	4-C and RSA 664 and he	reby swear or affirm that the fo	oregoing information is true
(Signature of lobbyist)	<u>r</u>	(Date	<del>()</del>
Michael P. Donnelly		·	RECEIVED
(Print Name of lobbyist)			IAN 1 1 2019

NEW HAMPSHIRE DEPARTMENT OF STATE